FILED
May 22, 2003 8:00 am
Secretary of State
04-30-2003 90191 001 ***150.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020746

1. Entity Name
Four Sisters, LLC

44002123

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
703 Crandon Blvd	328 Crandon Blvd
Suite, Apt. #, etc.: 204	Suite, Apt. #, etc.: 226
City & State: Key Biscayne, FL	City & State: Key Biscayne, FL
Zip: 33149 Country: US	Zip: 33149 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1845858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Lizabeth F. Calvo
Street Address (P.O. Box Number is Not Acceptable): 328 Crandon Blvd #226
City: Key Biscayne FL Zip Code: 33149

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 5/19/03
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE: President NAME: Estella Susana Minetti STREET ADDRESS: 328 Crandon Blvd #226 CITY-ST-ZIP: Key Biscayne FL 33149	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: Vice President NAME: Guadaloupe Quintana Minetti STREET ADDRESS: 328 Crandon Blvd #226 CITY-ST-ZIP: Key Biscayne FL 33149	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #